



RENEWAL OF DESIGNATED SUBJECTS CREDENTIALS

The designated subjects credential you have been issued requires that you complete professional growth requirements as specified below. Refer to the face of your credential to determine the type of credential you have received. The information below describes specific renewal requirements for your credential. The attached form is to be used to document your completed professional growth activities.

Professional Growth Requirements for Designated Subjects Credential Renewals

Designated Subjects Credential Held	Hours of Approved* Professional Growth Activities Required Per Renewal Cycle
Professional Clear Adult Education Full-Time	100
Professional Clear Adult Education Part-Time	50
Professional Clear Vocational Education Full-Time	150
Professional Clear Vocational Education Part-Time	75
Emergency Vocational Education 30-Day Substitute Permit (third or subsequent reissuance)	30

*You must work with a professional growth advisor when completing your professional growth requirement. The advisor must approve the activities you plan, then verify completion of your professional growth activities. Ideally, your professional growth advisor would possess the same type of designated subjects credential as you hold. Ask your employer to assign a professional growth advisor to work with you, or contact the Commission for further information about obtaining a professional growth advisor.

Renewing Your Designated Subjects Credential

Applicants must satisfy **all** of the following requirements:

1. Obtain a professional growth advisor
2. With the assistance of your advisor, plan your professional growth activities
3. Complete your activities and record them on the enclosed Professional Growth Plan and Record Form. Be sure to have your advisor verify approval and completion of your activities in the appropriate sections of the form.
4. Submit an application for renewal by **one** of the following methods:
 - a. Renew your credential online at www.ctc.ca.gov. Credentials renewed online are processed within 10 working days. When renewing online, it is not necessary to submit the Professional Growth Plan and Record Form with your application, as you will self-verify this information online; however, the Commission reserves the right to request submission of these forms for auditing purposes at any time within one year following the submission of the application.
 - b. Submit a completed application ([form 41-REN](#)), with the self-verification section completed, accompanied by the current processing fee. When self-verifying, it is not necessary to submit the Professional Growth Plan and Record Form with your application; however, the Commission reserves the right to request submission of these forms for auditing purposes at any time within one year following the submission of the application.

For further information about professional growth requirements, acceptable activities, and professional growth advisors, refer to the *Professional Growth Manual for Designated Subjects Credentials* available on the Commission's website.

It is the responsibility of the credential holder to be aware of and complete renewal requirements. Read the *Professional Growth Manual* and consult with your advisor to help ensure that you understand and comply with the regulations.

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When the form is completed, you may renew online at www.ctc.ca.gov or submit a Renewal & Reissuance Application form ([41-REN](#)) with the self-verification section completed and the current processing fee. Documents renewed online are processed within 10 working days. You do not need to submit the Professional Growth Plan and Record form with your application for renewal; however, the Commission reserves the right to request this form for auditing purposes any time within one year following submission of the application.

Please print or type your name as listed on your professional clear credential. If you wish to have a different name on your new credential, please indicate it on the credential application form.

Type or print the title and date of expiration of each credential you hold.

Each goal must be numbered.


Type or print your specific goals for professional growth. Your goals must contribute to your competence, performance, or effectiveness in the profession of education.

Your advisor must approve each new goal by writing in the date of approval.

Print or type the address where you would like the Commission to send your renewed credential.

Type or print the name of each professional growth advisor who has advised you, the approximate term of advisement, the title of the credential your advisor holds, and its credential number.

Your advisor must initial each goal.



State Of California
California Commission On Teacher Credentialing
Box 944270
1900 Capitol Avenue
Sacramento, CA 94244-2700

Telephone:
(916) 445-7254 or (888) 921-2682
E-mail: credentials@ctc.ca.gov
Web site: www.ctc.ca.gov

PROFESSIONAL GROWTH PLAN AND RECORD

Please fill out this form **completely**. Before you begin, please read the Growth Plan and Record instructions in the *Professional Growth Manual*. Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.

- Name of Credential Holder:**

Holder	Mary Ann	Credential
<small>Last</small>	<small>First</small>	<small>Middle</small>
- Home Address:** 000 18th Street

Sacramento	CA	00000
<small>City</small>	<small>State</small>	<small>Zip Code</small>
- Daytime Telephone Number:** (916) 555-7777 **Email:** _____
- Social Security Number:** 000-00-0000
- Name each credential you hold:** Adult Full-Time Credential **Expiration date:** 8-1-06

6. Name each professional growth advisor who has advised you.

First Advisor: John Doe	Approximate Dates of Service: 7-1-02 to present
Credential Held: Administrative	Credential Number: 93000004
Second Advisor: _____	Approximate Dates of Service: _____
Credential Held: _____	Credential Number: _____
Third Advisor: _____	Approximate Dates of Service: _____
Credential Held: _____	Credential Number: _____

7. Goal Numbers	8. Professional Growth Goals	9. Date Approved	10. Advisor's Initials
1	To learn Spanish		
2	To learn new ways to communicate with parents in the school comm		
3	To be prepared in CPR		

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[illegible][illegible]

Your professional growth advisor should initial the form as activities are completed.

Add the clock-hours, and enter the total.

List the category of activity that best represents your — professional growth activity. The categories of activities are on pages 8-12.

Your original professional growth advisor completes this section after approving your goals and activities. If you change advisors during the term of the credential, list the new advisor's information in section 6.

When items 1 through 21 have been completed, and your professional growth advisor is satisfied that the record of time completed is accurate, then he or she completes this section.

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PROFESSIONAL GROWTH PLAN AND RECORD

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1. Name of Credential Holder: _____
Last First Middle

2. Home Address: _____

City State Zip Code

3. Daytime Telephone Number: _____ Email: _____

4. Social Security Number: _____

5. Name each credential you hold: _____ Expiration date: _____

6. Name each professional growth advisor who has advised you.

First Advisor: _____ Approximate Dates of Service: _____

Credential Held: _____ Credential Number: _____

Second Advisor: _____ Approximate Dates of Service: _____

Credential Held : _____ Credential Number: _____

Third Advisor: _____ Approximate Dates of Service: _____

Credential Held: _____ Credential Number: _____

Professional Growth Plan

7. Goal Numbers	8. Professional Growth Goals	9. Date Approved	10. Advisor's Initials

(continued)

Professional Growth Plan *(continued)*

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Use additional copies of this form if necessary.

19. Total Hours Spent:

20. Certification of Initial Plan: I certify that, to the best of my knowledge, the planned activities comply with state laws and regulations.

Advisor's Name

Advisor's Signature

Date

21. Verification by Credential Holder: Under penalty of perjury, I certify that, to the best of my knowledge, the information on this form is accurate.

Credential Holder's Signature

Date of Verification

22. Verification of Completion: I certify that I have been this credential holder's advisor, and that, to the best of my knowledge, the above information is accurate.

Advisor's Name (print or type)

Advisor's Signature

Name of Employing Agency

Daytime Telephone Number

Date of Verification